STATEMENT OF

RECEIVED 2012 NOV 13 PH 12: 21

FORM 1		ORGANIZATION				2012 MUV 13 PM 12: 2
4 NAME OF			income Ew	amala lé buina buna		omEESCOMAIL CENTER
1. NAME OF COMMITTEE (in	n full)	(Check if is change		ample:If typing, type or the lines.	12FE4M5	
MASSACH	USE	TS CON	GRESSI	ONAL CAUC	US	
		<u> </u>				
ADDRESS (number and street)		P. O. BC)X 39871	6		
(Check if address is changed)		MIAMI B	BEACH		FL (33239
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) UScongressionalCaucuses@gmail.com (Check if address is changed)						
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)				
(Check if address is changed)						
2. DATE Î1" '8" 'Ž01Ž '						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have	examined th	is Statement and	to the best of my	knowledge and belief it	is true, correct a	and complete.
Type or Print Name	of Treasure	JERRY	MCKEN	DY		
Signature of Treasur	rer	Jeny 5	Mr. Kendy		Date 11	′ 08° ′ 20′12
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use				For further information co		FEC FORM 1